



Designated Vendor Application



Applicant

Name	
Residential Address	
City ST ZIP Code	
Day-time Phone	
Night-time Phone	
E-Mail Address	
Name of Vending Firm:	
Vehicle Make and Model	
License Plate #	
Vehicle / Pushcart	
Vehicle Length, Width, & Height	L _____ W _____ H _____

Metered Space

DVPP Location	
Street Pole #	
Vendor ID	
Products Vending	
Select equipment type	Generator / Compressor

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am issued a license, any false statements, omissions, or other misrepresentations made by me on this application may result in the immediate revocation of my license. I further agree to abide by all Federal and State laws prohibiting the sale and use of illegal drugs and alcohol and I also understand that if I or any of my employees are arrested for sale or use of illegal drugs and alcohol that such arrest is grounds for immediate revocation of my food licenses and notification to the State and Federal agencies.

Name (printed)	
Signature	
Date	

Mail application to:

Licenses and Inspections
Attn: Amara Shabazz
260 Constitution Plaza
Hartford, CT 06103